## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:				PAGE	-	19 OF	•	104		
	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16		17	

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NAME OF COMMITTEE (In Full)  National Association of Mutual	Insurance Companies PAC	
Full Name (Last, First, Middle Initial)  Mr. Brent Nelson  Mailing Address 3030 N 3rd St  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  CopperPoint Mutual Insurance Company  Receipt For:  Primary General Other (specify)	State Zip Code AZ 85012  C  Occupation Chief Financial Officer & Executive Vi  Aggregate Year-to-Date ▼  229.24	Date of Receipt  M M
Full Name (Last, First, Middle Initial)  Mr. Brent Nelson  Mailing Address 3030 N 3rd St  City  Phoenix  FEC ID number of contributing federal political committee.  Name of Employer  CopperPoint Mutual Insurance Company  Receipt For:  Primary  General  Other (specify)	State Zip Code AZ 85012  C  Occupation Chief Financial Officer & Executive Vi  Aggregate Year-to-Date ▼  250.08	Date of Receipt  06 29 2015  Transaction ID: ADA4E15AA33FE4203886  Amount of Each Receipt this Period  20.84
Full Name (Last, First, Middle Initial)  Mr. Dennis Nelson  Mailing Address PO Box 40  City  Norwich  FEC ID number of contributing federal political committee.  Name of Employer  New London County Mutual Insurance Com  Receipt For:  Primary General  Other (specify)	State Zip Code CT 06360  C  Occupation Vice President  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D J / 2015  Transaction ID : AF4CFE98C250845F382E  Amount of Each Receipt this Period  235.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	276.68
TOTAL This Period (last page this line number	only)	